## KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY P.O. BOX 1360

## FRANKFORT, KENTUCKY 40602

http://occupations.ky.gov/occupationaltherapy/index.htm

A nonrefundable application fee of \$50 (fifty dollars) for licensure must be attached to this form. Please make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH. Please mail the completed application and the application fee to the address above.

## APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPIST

If seeking temporary permit prior to full licensure, please check here: Last First Middle Name: City Zip Code Home Address: Street State Mobile Number Social Security Number Telephone Number **Date of Birth** Email Address: 4. Are you a citizen of the United States? Yes \_\_\_\_\_\_ No \_\_\_\_\_. If no, name country of citizenship and furnish the Board with a copy of your U.S. Department of Immigration documents which grant you legal permission to work in the United States. Country: \_\_\_\_\_ 5. Have you ever been convicted of a felony? Yes \_\_\_\_\_\_ No \_\_\_\_\_. If yes, attach explanation. 6. Have you been convicted during the past five (5) years of a misdemeanor or any violation involving moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_. If yes, attach explanation. 7. Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? Yes \_\_\_\_\_ No \_\_\_\_.

## DO NOT WRITE BELOW THIS LINE

FOR BOARD AND OFFICE USE ONLY						
Amount \$	License #					
Onto Pagaiyad	Data Issuad					

If you answ			therapist in any state? please list these licenses BER EFFECT		
If there a informati		enses besides those lis	ted above, please attach	an additional sheet	containing this
			tion by a state licensure No If yes, att		or by the AOTA
	license as an occu No	ipational therapist c	urrently under disciplin	ary review in anoth	er state?
Yes	No		re as an occupational th		
	Accredited Educa	ational Program: De	attach a full explanation gree or Diploma That ( Dates Attended Ty		aloma
Yes 1	No I	f no, attach documen	eks of Level II Fieldwork tation. ist. Begin with current		-
ior an time.	FACILITY	CITY, STATE	DATES OF EMPLOYMENT	POSITION	WORK PHONE NUMBER
PROPOSED:					
PRESENT:					
PAST:					
If additional	space is needed,	please attach a separ	rate sheet containing tha	t information.	
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correct, and cor any such misrep	nplete to the best	of my knowledge and sification, my applica	nder penalty of law that the belief. I am aware that, tion could be rejected or the second sec	should investigation	at any time disclose
DATE	APPI	LICANT'S SIGNA	TURE		